

**CLINICALSKILLSASSESSMENT/DEMONSTRATIONFORCMA/GNA/CNA- HHA**

(To be completed for all Clinical Personnel)

**Employee:** Please check Yes or No at time of hire and annually for **Adult** and/or **Pediatric** experience

**RN Supervisor:** Please date and initial after observation & demonstration

**Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Initial** \_\_\_\_\_ **Annual** \_\_\_\_\_

SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS/DATE
		YES	NO	YES	NO	
<b>Bath:</b>	Bed bath					
	Self-help					
	Tub Bath					
	Shower					
<b>Shampoo:</b>	Bed					
<b>Shave:</b>	Electric Razor					
	Safety Razor					
<b>Oral Hygiene:</b>	Alert Patient					
	Unresponsive Patient					
	Dentures					
<b>Nail Care:</b>	Clean/Trim Fingernails					
<b>Foot Care:</b>	Clean/Trim Toenails					
<b>Skin Care:</b>	Back Rub					
<b>Pressure Relief:</b>	Peri Care					
<b>Dressing:</b>	Bedbound Patient					
	Patient with Paralysis					

SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS/DATE
		YES	NO	YES	NO	
<b>Feeding:</b>	Offer Fluid/Nutrition Appropriate to Patient's Diet					
	Feed with Spoon					
	Give Liquids with Syringe					
<b>Vital Signs:</b>	Blood Pressure					
	Pulse (Radial)					
	Respirations					
	Temperature:					
	Oral					
	Axillary					
	Rectal					
<b>Mobility:</b>	Position in Bed with Proper Body Alignment					
	Range of Motion					
	All Joints					
<b>Transfers Technique:</b>	Bed to Chair/Commode/Wheel chair					
	Chair to Bed (i.e., Wheelchair to Toilet)					
<b>Ambulation:</b>	Assist with Ambulation					
	Cane					
	Crutches					
	Pick-up Walker					
	Wheeled Walker					

SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS/DATE
		YES	NO	YES	NO	
<b>Medication Administration (CMT/CMA ONLY)</b>	Provides thorough knowledge of:					
	Drugs					
	Dose/label Accuracy					
	Frequency					
	Side Effects/Adverse					
	Medication Error					
	Discontinued Orders					
	Container Integrity					
	Appropriate Storage					
	Medication Conversion					
	Oral					
	Sublingual/Buccal					
	Subcutaneous					
	Intradermal					
	Transdermal					
	Ear/ Eye/ Nasal					
	Nebulizer					
	MAR Documentation					
	Five (5) Rights					
<b>Emergency and Safety</b>	Able to demonstrate use of:					

SKILL OR PROCEDURE		ADULTS		PEDIATRICS		RN INITIALS/DATE
		YES	NO	YES	NO	
	Infection Control Manual					
	Safety Manual					
	Fire/Emergency Management Manual					
	Procedure manual					
	Patient Teaching Aids/Materials					
	PDR/Drug Reference Manual					
	RN Supervisor Notification					
<b>Other</b>	Bed Making					
	Hand Hygiene					
	Note Taking					

Comments:

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Signature of RN Supervisor: \_\_\_\_\_

Signature of Staff Member: \_\_\_\_\_ Name: \_\_\_\_\_

